

IN THE UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI

Shawn Paul Kemp 2320763)  
(full name) (Register No.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s).

10-3192-CV-S-RED-P

v.

) Case No. \_\_\_\_\_

Green County Justice Center)  
(Full name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s).

**COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983**

I. Place of present confinement of plaintiff(s): At home on Judge's release till trial.

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Shawn Kemp Register No. 2320763  
Address 411 Matthew Lane  
Willard MO. 65781

B. Defendant Greene County Justice Center  
1000 N. Bonnville Springfield MO. 65802  
Is employed as Jail

For additional plaintiffs or defendants, provide above information in same format on a separate page.

III. Do your claims involve medical treatment? Yes  No \_\_\_\_\_

IV. Do you request a jury trial? Yes  No \_\_\_\_\_

V. Do you request money damages? Yes  No \_\_\_\_\_

State the amount claimed? \$ 1M / 5M (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes \_\_\_\_\_ No

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes \_\_\_\_\_ No

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes \_\_\_\_\_ No

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

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D. If you have not filed a grievance, state the reasons.

House arrest till trial

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VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes \_\_\_\_\_ No

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes \_\_\_\_\_ No

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: \_\_\_\_\_ (Plaintiff) \_\_\_\_\_ (Defendant)  
(2) Date filed: \_\_\_\_\_

(3) Court where filed: \_\_\_\_\_

(4) Case Number and citation: \_\_\_\_\_

(5) Basic claim made: \_\_\_\_\_

(6) Date of disposition: \_\_\_\_\_

(7) Disposition: \_\_\_\_\_

(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: \_\_\_\_\_

(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

I entered this jail March 12th, 2010 12:52 pm, expecting just and fair equal treatment in this jail until bail or trial. What I received from the start was a unfair and cruel treatment. When I was booked with out my own wheelchair I received a jail property wheelchair with no front leg holders. Given this chair with NO front Legs was an act of cruelty due to the fact I couldn't use my legs at all with my T-12 complete spinal cord injury I received in 1990 in an auto accident. I was dragged backwards causing extreme pain from the shaking of my legs. The pain was in phantom pain, which is worse for me. During booking I was

cont. →

- B. State briefly your legal theory or cite appropriate authority:

Dr. Alice Gebhardt , my home Doctor from willard  
Dr. Frank E. Schmidt , my Lung Doctor , Springfield MO.  
Dr. Park or Dr. Pereira , my VA Doctors Jefferson Brks.  
VA HOSP. ST. LOUIS  
Dr. James Webb , my Urologist , Springfield MO.  
Dr. Rosellen S. Muystrik , My Skin Doctor , Springfield MO.  
Colleen Kemp , my Sister , knows best my health history.  
Karin Lahood , my Sister , knows best of my health history.

put in great risk (with my history of almost fatal bladder infections) by the nonsterile handling of my cathing items (gloves, cath tubes, ky) removed from my catheterisation kit bag, that I normally carry with me on my wheelchair. The booking medical staff put gloves on, but handled everything with those gloves, contaminating everything from the start.

After dragged to my cell there was a risk of injury due to putting me in a cell with overcrowding. the cell had two men (walking) and me in a wheelchair. One of the men had to sleep on a floor bed device that took a lot of room. With me left only with a small space to transfer from my chair, very dangerous. The transfer accessibility was like that for a couple of days.

My basic needs bundle that was given to me was very inadequate for my needs as a paraplegic. The matress or mat at three inches thick pose great risk of pressure sores for my all ready underweight skin and bones frame. As my bones and skin grinded on the mat it made it impossible to sleep. Most nights it was very cold and with my one thin blanket (light blue kind) and two thin sheets I froze. I received NO sleep for eight days straight. The lack of proper blankets led me to a state of almost hypothermia most nights. the only way to survive was to stay in my chair and shiver with anything I could find to wrap around me just to make it through the night.

My feet swelled and like ice most of the time due to not being given socks

LEGAL MAIL

I used sheets during the day to wrap around my feet to help collect heat. My feet induced cuts and scraps due to just being aloud to wear the sandals they gave me.

The extreme cruelty of not having a bowel movement in eight days hurt the worst. The pain was getting worse every day. I wasn't aloud to use my home raised toilet seat and suppository. There was no way I could sit on a normal toilet. When I was finally given the chance to do a bowel program it was under close supervision observing me closely with no privacy. The toilet on the fifth floor was way to high and when I added my raised toilet seat, it was a very dangerous transfer, but I was so much in pain I had to risk it, the transfer to the raised toilet seat. The shower, also no privacy, on the fifth floor had a small bench in it and was dangerous to transfer. The water had one temp, to hot! I had to take a shower from my chair, wheelchair and try not to get burned. I was heckled and laughed at during this whole ordeal. Earlier at a time to add insult to injury when I was explaining the procedure I must follow in my bowel program a male nurse named Joe, made crude statements and jokes. As I explained the procedure of digitalous (the use of a finger in the anus to get the bowels to move) The male nurse said

"Maybe you can get your celly (cellmate) to help you with that." A crude homosexual joke, I found to be embarrassing, cruel, and degrading during my time that they knew I was suffering and in agony and pain from my bowels being so full. He repeated the joke several times to make sure and share it with the other staff and patients.

I spent many hours praying and crying hoping my organs wouldn't burst or something else inside happen. Or due to the lack of sleep and exhaustion of my heart and it would just stop. The pain inside me was unbearable at times.

My health and mental anguish I feel has been greatly affected by the whole jail stay ordeal. My basic decency when in a jail as a human like normal bathroom use, sleep, cleanliness and maintaining health were thrown away.

I suffered because this jail doesn't know how to deal with all kind of people in different conditions and many other will suffer like I did if this treatment doesn't change. I want this litigation to help the suffering stop.

**LEGAL MAIL**

- X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

*Have the jail compensate for my future medical needs for these actions. And force the jail to change how they deal with the disabled.*

- XI. Counsel:

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. None

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes        No ✓

If your answer is "Yes," state the name(s) and address(es) of each lawyer contacted.

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- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes        No ✓

If your answer is "Yes," state the name and address of the lawyer.

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**I declare under penalty of perjury that the foregoing is true and correct.**

Executed (signed) this 7th day of May 2010

Shawn Kemp  
Signature(s) of Plaintiff(s)

Shawn Kemp  
411 Matthew <sup>44</sup>  
Willard MO. 65781

10-3192-CV-S-RED-P

Clerk, United States District Court  
for the Western District of Missouri  
400 E. Ninth St.  
Kansas City, MO. 64106

